such as T.B., Malaria, etc. as warned by W.H.O.;

(b) the reasons for the re-emcrgencc of these deadly diseases in the country;

(c) the criteria to determine an epidemics;

(d) what effective steps are being initiated by Government to thwart these epidemics;

(e) whether Government have initiated any research to control these diseases; and

(f) what assistance is being provided by Government to the victims in case of such epidemics?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) Yes, Sir. The World Health Organisation has called for a global alert on re-mergence of infectious diseases that had been wiped out earlier.

Amongst the factors influencing the re-emergence of infectious diseases are poor living conditions, changes in the ecology of the region alongwith the failure of public health measures including inadequate safe drinking water, sanitation, development of projects (dams and irrigation) which are conducive for re-emergence of diseases like vector borne diseases, industrialisation leading to environmental degradation with health consequences, unplanned urbanization and excessive population growth creating optimal conditions for the entry and spread of infectious diseases in congested colonies. Besides this, growing trade, tourism and travel leads to greater inter mingling of population.

(c) Epidemic is an unsual occurrence of disease in a community or region which is clearly in excess of expected frequency.

(d) The Govt, has initiated steps to strengthen the disease surveillance system which will include establishment of early worning signals with appropriate laboratory support for early detection of outbreak and epidemics, National disease control programmes already have the input for disease control and improved surveillance will enable timely action to be taken for controlling epidemics. In the case of Malaria Eradication Programme an elaborate system has already been set up in collaboration with State Govt, for detecting outbreaks and taking prompt action.

(e) Research for control of these diseases is a continuing activity undertaken by ICMR, NICD and other institutions.

(f) Whenever epidemics takes place, the Govt, undertakes control measures which includes effective treatment for the patients.

Sale of Scheduled Drugs without Prescriptions

987. SHRI AMAR SINGH: Will the PRIME MINISTER be pleased to state:

(a) whether Government are aware that chemists in Delhi/New Delhi are selling medicines like Astemi zole, Atenolol and others which fall under Schedule H of the Drugs and Cosmetics Rules, 1945 without any prescriptions and if so, what is Government's reaction in this regard; and

(b) what is the number of raids conducted by the Drugs Inspectors against such chemists and the number of chemists booked for such irregularities during the last two years and with what results?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) According to the Govt, of the National Capital Territory of Delhi (GNCT) the Drugs Control Administration of GNCT received complaints alleging sale of Schedule 'H' drugs like Astemizole, tablets covered under Schedule H of the Drugs and Cosmetics Rules, 1945 without prescription by the Chemists and Druggists licenced in DelhWew Delhi.

However, a survey carried out on 10.7.1977 to check sale of these two drugs revealed that out of the 31 shops inspected, 5 shops supplied the drugs without Prescription. Steps have been initiated to take action against the defaulters under the provisions of Drugs and Cosmetics Rules, 1945.

(b) The Drugs Control Administration (NCT), Delhi checked 385 chemists shops during the period 1/4/95 to 31/3/1997 to verify the suply of scheduled drugs without valid prescriptions. 60 shops were found to have sold various scheduled drugs without prescription of a Registered Medical Practitioner and further have contravened other provisions of Drugs and Cosmetics Rules, 1945. Depending upon the contravention of the provisions falling under Drugs and Cosmetics Rules, 1945, the licences of the shops were suspended for different periods of time.

Money spent on Medical Facilities in Rural Areas

988. SHRI IQBAL SINGH: Will the PRIME MINISTER be pleased to state:

(a) the amount of money spent by Government on medical facilities in rural areas of the country during 1993-94, 1994-95, 1995-96, 1996-97 and till date. State-wise;

(b) the amount of money Government propose to spend during the next three years in the rural areas of the country, State-wise; and

(c) the steps being taken or proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) In the rural areas medical facilities arc provided through a net-work of Community Health Centres, Primary Health Centres, Sub-centres, Rural Family Welfare Centres and Post Martum Centres. The Community Health Centres and Primary Health Centres arc established and maintained by the State Government under Minimum Needs Programme for which funds arc allocated to the State Governments by Planning Commission, 100% Central assistance is privided for maintenance of Rural Family Welfare Centres and Post Partum Centres.

Details of funds allocated to these Centres during 1993-94, 1994-95, 1995-96 and 1996-97 arc annexed. [See *Appendix 182, Annexure No. 25]*

(b) and (c) It is proposed to provide more funds during the 9th Five Year Plan.

Re-appointmcnt of SAG Medical Officers

989. SHRI GHUFRAN AZAM: Will the PRIME MINISTER be pleased to state:

(a) whether Government have re-employed some of the Senior Administrative Grade (SAG) Medical Officers in the Ministry to steamline the CGHS;

(b) if so, the reasons and justification for re-employing SAG Medical Officers whereas hundreds of SAG Medical Officers arc there;

(c) whether Government propose to cancel such re-appointment orders and take action against the officers concerned who have deliberately and illegally reemployed Medical Officers; and

(d) if so, by when and if not, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (d) No, Sir. However, a SAG level officer has been engaged as Consultant under WHO programme after retirement to streamline the Central Government Health Scheme.